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**\*BIBDATASHEET\***

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<b>SERIAL NUMBER</b> 09/813,463	<b>FILING OR 371(c) DATE</b> 03/20/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 098810/0278740
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CON of 09/055,263 04/06/1998 PAT 6,252,040 which is a CIP of 09/007,520 01/15/1998 PAT 6,258,781  
 which is a CON of 08/327,357 10/21/1994 PAT 5,817,629  
 which is a CIP of 07/798,099 11/27/1991 ABN

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 CANADA 2,053,799-0 10/22/1991

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/19/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>OC</i>	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 3
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**TITLE**  
 METHODS OF PREDICTING THERAPEUTIC EFFICACY OF TREATMENT OF A MULTIPLE SCLEROSIS PATIENT

<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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